



**PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD  
FRANKFORT, KY 40601-5405  
PHONE: (502) 573-1795  
FAX: (502) 573-1059**

Dear Sir,

Please complete the enclosed Manufactured Home Consumer Complaint Report form and return it to this office so we may process your complaint.

This information is required by the office, dealer and manufacturer to adequately determine if your claim or request falls within our scope of jurisdiction.

Should you have any questions concerning this form or require further clarification, please contact this office at the above number.

## **PROCESS OF CONSUMER COMPLAINTS**

1. WE ACCEPT COMPLAINTS FORM ANY SOURCE:  
CONSUMER, ATTY. GENERAL'S OFFICE, RETAILER,  
MANUFACTURER, ETC.
2. UPON REQUEST WE MAIL OR FAX A CONSUMER'S  
COMPLAINT FORM TO THE HOMEOWNER.
3. UPON RETURN OF THE COMPLAINT, A SUB PART I  
LETTER IS FABRICATED. A COPY OF THE COMPLAINT  
AND LETTER ARE MAILED TO ALL PARTIES  
INVOLVED: CONSUMER, RETAILER AND  
MANUFACTURER.
4. AFTER TWENTY WORKING DAYS, AND UPON  
REQUEST OF ANY OF THE PARTIES, AN INSPECTION  
REQUEST IS FORWARDED TO THE INSPECTOR FOR  
THE COUNTY OF RESIDENCE OF THE CONSUMER. HE  
WILL CONTACT THE CONSUMER, RETAILER,  
CERTIFIED INSTALLER AND MANUFACTURER TO SET  
UP A JOINT ON SITE INSPECTION.
5. AN INSPECTION IS ASSIGNED TO THE FIELD  
INSPECTOR FOR THAT COUNTY AND HE THEN  
ARRANGES A JOINT ON-SITE INSPECTION.





**PUBLIC PROTECTION CABINET**  
**Department of Housing, Buildings & Construction**  
**Manufactured Housing Section**  
**101 Sea Hero Road**  
**Frankfort KY 40601-5405**  
**Phone: (502) 573-1795 Fax: (502) 573-1059**

**CONSUMER COMPLAINT FORM**

(Please fill out **ALL** pages of this form and return it to the above address)

**CONSUMER INFORMATION:**

Name: \_\_\_\_\_  
Last First Spouse

Address: \_\_\_\_\_  
Street City State Zip County

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Cell) (Work)

**RETAILER INFORMATION:**

Retailer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Contact/Salesperson: \_\_\_\_\_

**MANUFACTURER INFORMATION:**

Manufacturer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Manufacturer: \_\_\_\_\_ Plant #: \_\_\_\_\_ HUD Label #: \_\_\_\_\_ Serial # \_\_\_\_\_

Home Size: Single \_\_\_ Multi \_\_\_ Length \_\_\_ Width \_\_\_ Date Purchased: \_\_\_ Delivered: \_\_\_\_\_

Purchased: New \_\_\_ Used \_\_\_ Repo \_\_\_ Have you move the home from the original site? \_\_\_\_\_

**CERTIFIED INSTALLER INFORMATION:**

Installer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Note:** All information must be included to process your complaint.  
Retailer can provide most of the information needed.

[illegible]